

GRACEVIEW BAPTIST CHURCH
MEDICAL RELEASE FORM - 2017



CHILD'S NAME _____
(LAST) (FIRST) (MIDDLE) SOCIAL SECURITY NUMBER _____

PARENTS' NAMES _____ CHILD'S DATE OF BIRTH _____

ADDRESS _____
STREET CITY STATE / ZIP

TELEPHONE NUMBERS _____
HOME WORK CELL

LIST ANY PHYSICAL CONDITIONS SUCH AS **ALLERGIES**, NERVOUSNESS, HEADACHES, DISABILITIES, ETC. _____

SHOULD YOU AT ANY TIME DURING THE TRIP REQUIRE MEDICAL ATTENTION, LIST ANY SPECIAL INSTRUCTIONS WHICH YOU MIGHT REQUIRE, SUCH AS BEING ALLERGIC TO PENICILLIN, HAVE A RARE BLOOD TYPE, ETC. _____

CURRENT IMMUNIZATION STATUS: TETANUS _____ POLIO _____

Medications taken regularly by my child are: _____

WILL YOUR CHILD NEED MEDICINE ADMINISTERED DURING THIS ACTIVITY? NO YES IF YES, PLEASE COMPLETE A "MEDICATION FORM" AND PLACE IT IN A ZIP LOK BAG WITH THE MEDICATION. (additional copies of the "Medication Form" are available in the church office)

MEDICAL INSURANCE: COMPANY & POLICY/GROUP NUMBER _____

FAMILY PHYSICIAN _____ TELE. NO. _____

MY CHILD'S SWIMMING AND DIVING SKILLS ARE: Beginner Intermediate Advanced

MY CHILD HAS PERMISSION TO DIVE OFF THE low board high board NO DIVING

MEDICAL AND SURGICAL WAIVER

TO BE FILLED OUT BY PARENTS OR GUARDIANS OF CHILDREN UNDER 18 YEARS OLD.

I, _____, THE PARENT AND/OR GUARDIAN OF _____, A MINOR, HEREBY ACKNOWLEDGE THAT SAID MINOR IS PRESENTLY UNDER MY CARE, CUSTODY, AND CONTROL. I HEREBY GIVE MY CHILD, THE SAID MINOR, MY EXPRESS PERMISSION TO GO ON ANY TRIP TAKEN BY GRACEVIEW BAPTIST. THIS WAIVER IS VALID FROM **JANUARY 1, 2017, TO DECEMBER 31, 2017.**

I FURTHER EXPRESSLY GRANT MY PERMISSION FOR MY CHILD TO PARTICIPATE IN ALL ACTIVITIES WHILE ON THE TRIP.

IN THE EVENT THERE ARISES AN EMERGENCY NECESSITATING MEDICAL, SURGICAL ATTENTION, I HEREBY CONSENT AND GIVE MY PERMISSION TO GRACEVIEW BAPTIST CHURCH, ITS REPRESENTATIVES, OR THE SPONSORS, OR ANY ATTENDING PHYSICIAN, TO MAKE SUCH DECISIONS AND TO PERFORM SUCH MEDICAL TREATMENTS AND/OR SURGERY UPON SAID MINOR WHICH MAY IN THEIR SOLE DISCRETION BE NECESSARY AND PROPER UNDER THE CIRCUMSTANCES.

I, UNDERSIGNED PARENT AND/OR GUARDIAN OF _____, A MINOR, DO RELEASE, ACQUIT, DISCHARGE, AND COVENANT TO HOLD HARMLESS GRACEVIEW BAPTIST OR ITS REPRESENTATIVES, OR SPONSORS OR ANY ATTENDING PHYSICIAN, FROM ANY AND ALL ACTIONS CAUSES, OR ACTIONS, DAMAGES, LIABILITIES ARISING OUT OF THE TREATMENT OF ANY SICKNESS OR ACCIDENT, AND FINANCIAL RESPONSIBILITY FOR ALL MEDICAL TREATMENT PROVIDED DURING THE ATTENDANCE OF ANY TRIPS.

NAME _____
Signature

ADDRESS _____ CITY ZIP

TELE. # _____ DATE OF SIGNATURE _____

NOTARY:
